

WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

You have the right to an Administrative Disqualification Hearing prior to any action taken by the Department of Workforce Development to disqualify you from receiving applicable benefits; Wisconsin Works (W-2), Child Care Assistance, or Food Stamps. If you wish, you may waive this hearing. A waiver of your disqualification hearing will result in:

If you are currently receiving Wisconsin Works (W-2), you will:

☐ Receive one (1) strike because this was your first violation. There is no disqualification period.

☐ Receive two (2) strikes because this was your second violation. There is no disqualification period.

☐ Receive three (3) strikes and be permanently disqualified from the program.

If you are currently receiving Child Care Assistance, you will:

☐ Receive one (1) strike because this was your first violation. There is no disqualification period.

☐ Receive two (2) strikes because this was your second violation. There is no disqualification period.

☐ Receive three (3) strikes and be permanently disqualified from the program.

You being immediately disqualified from the Food Stamp Program for:

☐ One (1) year because this was your first violation.

☐ Two (2) years because this was your second violation.

☐ Permanently because this was your third violation.

If you are not receiving W-2 or Child Care Assistance now, you will be subject to the above mentioned penalties whenever you reapply and are eligible for the programs again.

If you sign this waiver you must also choose one of the following statements to indicate whether or not you admit the facts as presented above. You do not have to admit to any of the charges. You have the right to remain silent concerning the charges, as anything said or signed by you could be used against you in a court of law.

☐ I admit the facts as presented and understand that a disqualification penalty will be imposed if I sign this waiver, including a reduction in benefits during the disqualification period.

☐ I do not admit that the facts as presented are correct. However, I have chosen to sign this waiver and understand that a disqualification penalty will result, including a reduction in benefits during the disqualification period.

The head of household must also sign this agreement if you are not the head of the household. The individual accused of this intentional program violation, as well as the remaining household members, if any, will be held responsible for repayment of the resulting claim.

This signed waiver must be returned to the W-2, county/tribal agency listed below by: _____/_____/_____.

W-2, County/Tribal Agency	Telephone Number ()		
Address	City	State	Zip Code

Participant's Signature	Date Signed
Head of Household's Signature (if different from participant)	Date Signed

White: Case Record

Yellow: Participant